

# Health Department City of Baltimore.

Permit No. A 1341 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 14/17

Full Name of Deceased, Francis Sammons

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Farmer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give Street and Number. } # 843 Mansfield

Cause of Death, { First (Primary), }

Second (Immediate),

Heat Aprolaxy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 17

{ Undertaker, Andrew Knell }

{ Place of Business, 807 Columbia St. Address, 855 W Lombard St,

A. L. Specie M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Requirements and Forms of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1312

Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Pavlak

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months,

7 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

Old & 50 Shakespeare St

Cause of Death, { First (Primary),  
Second (Immediate), }

Inanition

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 15 87

John H. Rehberger

M. D.

{ Undertaker, Felix Brothers.

Medical Attendant.

{ Place of Business, 1732 Oliver Street Address, 1709 Alice Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordered, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1313 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

July 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Michaelak

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

10 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

old 36 Hanover Dr

Cause of Death, { First (Primary),

Cholera Infantum

Second (Immediate),

3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Agnes Church

Date of Burial, July 16 1887

{ Undertaker, Felix Brosky

{ Place of Business, 1732 Albion

John H. Rehberger M. D.

Medical Attendant.

Address, 1709 Allegheny

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 1314

Office of Registrar of Vital Statistics.

Ward 20<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 70 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15<sup>th</sup> 1889

Undertaker, Wm N Dungee

Place of Business, 1038 Bruce St

Address,

M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. B. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1315 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12 A.D. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George G. Sader

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1 Year

4 Months,

Days.

Color,

Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore  
Since birth

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1911 Hoffmann St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Gastric Distention  
Exhaustion

Duration of Last Sickness,

Three (3) days.

All the above information should be furnished by the Physician.

Place of Burial,

A. Alderman & C.

Date of Burial,

July 15 1887

Undertaker,

Henry Beck & Son

Place of Business,

1023 Cultural Avenue

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1316

Office of Registrar of Vital Statistics.

Ward 112

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benj H. Adelson Jr

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

29 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Bach

Duration of Residence in the City of Baltimore, "

Place of Death, { Give Street and Number. }

528 Orchard St  
Whoring Cough

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician

Place of Burial, Gallerel

Date of Burial, July 15<sup>th</sup> 1887

{ Undertaker, Alex Hemmings

R. Minson

M. D.

Medical Attendant.

{ Place of Business, 56 (Altchar) Address, 412 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. A 1317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

16<sup>th</sup>

B

## CERTIFICATE OF DEATH.

Date of Death,

July 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maggie Dorsey

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 14 Years,

4 Months,

Days.

Color, White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give street and number. }

618 Warner st

Cecil - Special

Memphis

Cause of Death, { First (Primary),

Cerebro - Spinal

Second (Immediate),

Meningitis

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Rockwell Cemetery

Edward Kelly M. D.

Date of Burial, July 16

Medical Attendant.

{ Undertaker, Anthony J. Dunn

Address 645 Columbia Av

{ Place of Business, No 197 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And it be further enacted and ordained; That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1318 Office of Registrar of Vital Statistics. Ward 9<sup>q</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death,

July 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carrie Snow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 2 Days

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Supposed to be Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

317 St Paul St

Cause of Death, { First (Primary),  
Second (Immediate), }

Neglect & Exposure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 15, 1887

{ Undertaker, Geo Richard - }

{ Place of Business, Health Dept - }

Thos. J. Ward

Medical Attendant.

Address, 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES OR CAUSES OF DEATH.

# Health Department, City of Baltimore.

Permit No. A 1319

Office of Registrar of Vital Statistics.

Ward 19<sup>e</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Murray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 21 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 331. This is old no

Duration of Residence in the City of Baltimore, -

Place of Death, { Give Street and Number. } 506 Gaird Rd. ✓

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 15<sup>th</sup> 1887

{ Undertaker, St. V. Dungen

{ Place of Business, 150 East St

Amran T. Hill M. D.

Medical Attendant.

Address, 17 N. Calle 20

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1320 Office of Registrar of Vital Statistics. Ward 7<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

③

## CERTIFICATE OF DEATH.

Date of Death, July 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Mary Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1212 N Wolfe St.

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism Heart disease

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15<sup>th</sup> 1887

{ Undertaker, H. J. Dunjee

Place of Business, 80 East St

Edwin B. Jenby, M. D.

Medical Attendant.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.